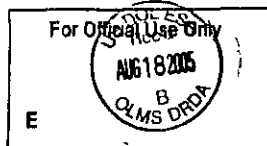


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>9899</u>	2 Fiscal Year Covered From <u>1/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>DAVID W. SCHANEL</u> P.O. Box, Bldg., Room No., if any Street <u>41-07 CRESCENT STREET</u> City <u>LONG ISLAND CITY</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11101-3805</u>	4 Name, file number, and address of labor organization Name <u>BAKERS UNION LOCAL #3</u> Labor Organization File Number <u>033-288</u> P.O. Box, Building and Room Number, if any <u>2ND FLOOR</u> Street <u>41-07 CRESCENT STREET</u> City <u>LONG ISLAND CITY</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11101-3805</u>
5 Position in labor organization <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income  7 b Amount 

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed David W. Schanel

On 8/11/05 718-784-3476 XT 11  
Date Telephone Number

Name of Person Filing <u>DAVID W. SCHANEL</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>BAKERS UNION 3 WELFARE FUND</u></p> <p>Trade Name, if any <u>BCTGM LOCAL #3 WELFARE FUND</u></p> <p>P O Box Bldg, Room No, if any <u>1<sup>ST</sup> FLOOR</u></p> <p>Street <u>41-07 CRESCENT ST</u></p> <p>City <u>LONG ISLAND CITY</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11101-3805</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>				
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>BAKERS UNION Local #3 WELFARE FUND</u></p> <p>Trade Name, if any <u>BCTGM LOCAL #3 WELFARE FUND</u></p> <p>P O Box, Bldg, Room No, if any <u>1<sup>ST</sup> FLOOR</u></p> <p>Street <u>41-07 CRESCENT ST</u></p> <p>City <u>LONG ISLAND CITY</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11101-3805</u></p>	<p>11 a Nature of such dealing</p> <p><u>4 Dinners Sponsored By the BCTGM Local #3 Welfare Fund</u></p> <table style="width:100%"><tr><td><u>3/2/04 - 106.84</u></td><td><u>9/8/04 - 96.71</u></td></tr><tr><td><u>6/8/04 - 109.66</u></td><td><u>12/14/04 - 91.42</u></td></tr></table> <p>11 b Approximate dollar value of such dealing <u>404.63</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12 b Amount</p>	<u>3/2/04 - 106.84</u>	<u>9/8/04 - 96.71</u>	<u>6/8/04 - 109.66</u>	<u>12/14/04 - 91.42</u>
<u>3/2/04 - 106.84</u>	<u>9/8/04 - 96.71</u>				
<u>6/8/04 - 109.66</u>	<u>12/14/04 - 91.42</u>				

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14 b Amount of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing <u>DAVID W. SCHANEL</u>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

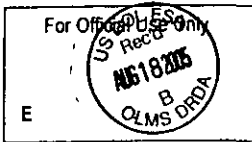
<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <u>GROUP HEALTH INSURANCE</u></p> <p>Trade Name, if any <u>GHI</u></p> <p>P O Box Bldg, Room No, if any _____</p> <p>Street <u>441 NINTH AVE</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10001-1681</u></p>	<p><b>9</b> Business deals with</p> <p style="margin-left: 20px;">a Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="margin-left: 20px;"><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>BAKERS UNION L1*3 WELFARE FUND</u></p> <p>Trade Name, if any <u>BCTGM L1*3 WELFARE FUND</u></p> <p>P O Box, Bldg Room No, if any <u>1<sup>ST</sup> FLOOR</u></p> <p>Street <u>41-07 CRESCENT ST.</u></p> <p>City <u>LONG ISLAND CITY</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11101-3805</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>Invitational Golf Tournament</u>  <u>1-18 Round of Golf (Annual Entry Club)</u>  <u>\$125.00 est</u>  <u>breakfast, lunch, and</u>  <u>Dinner approx value \$100.00</u></p> <p><b>11 b</b> Approximate dollar value of such dealing <u>225.00</u></p> <p><b>12 a</b> Nature of interest held or income received</p> <p style="text-align: center;">_____</p> <p><b>12 b</b> Amount</p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p> <p style="text-align: center;">_____</p>
<p><b>13 b</b> Is the Business an Employer _____ or Consultant _____ ?</p>	<p><b>14 b</b> Amount of payment</p>

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9897</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Joseph</u> <u>Rodriguez</u> P O Box, Bldg, Room No, if any Street <u>2 Sandhill Court</u> City <u>Little Ferry</u> State <u>New Jersey</u> ZIP Code + 4 <u>07643</u>	4 Name, file number, and address of labor organization Name <u>Bakers Union Local #3</u> Labor Organization File Number <u>033-2881</u> P O Box, Building and Room Number, if any <u>2nd Floor</u> Street <u>41-07 Crescent Street</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name, if any P O Box Bldg, Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

Joseph Rodriguez

On

8/1/05  
Date

718-784-3476 x23

Telephone Number

Name of Person Filing <u>Joseph Rodriguez</u>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name <u>Bakers Union Local 3 Bctm</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No, if any _____</p> <p>Street <u>41-07 Crescent Street</u></p> <p>City <u>Long Island City</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11101</u></p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <u>Bakers Union Local 3 Welfare Fund</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No, if any _____</p> <p>Street <u>41-07 Crescent St</u></p> <p>City <u>Long Island City</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11101</u></p>	<p><b>11 a Nature of such dealing</b></p> <p><u>2 Dinners Sponsored by Board of Trustees of Bakers Union Local 3 Welfare Fund</u></p> <p><u>Dates: 3/2/04 and 12/14/04</u></p> <p><b>11 b Approximate dollar value of such dealing</b> <u>\$198.26</u></p> <p><b>12 a Nature of interest held or income received</b></p> <p>_____</p> <p><b>12 b Amount</b> _____</p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a Nature of payment</b></p> <p>_____</p>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?</p>	<p><b>14 b Amount of payment</b> _____</p>

B Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Madison Financial Group

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 75 South BroadwayCity White PlainsState New York ZIP Code + 4 110601

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Bakers Union Local 3 Welfare Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 41-07 Crescent StreetCity Long Island CityState New York ZIP Code + 4 11101

## 11 a Nature of such dealing

Dinner in Atlantic City

## 11 b Approximate dollar value of such dealing

\$200.00

## 12 a Nature of interest held or income received

## 12 b Amount

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

## 14 b Amount of payment